

FILED  
LODGED  
ENTERED  
RECEIVED

FEB -7 2011

AT SEATTLE  
CLERK U.S. DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
DEPUTY

Judge James L. Robart



08-CV-01078-ORD

UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

UNITED STATES OF AMERICA,

Plaintiff,

v.

PETER EGNER,

Defendant.

Case No. 08-CV 01078-JLR

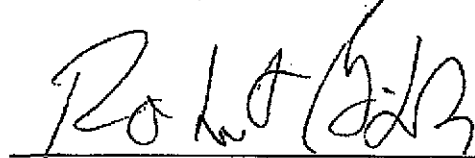
STIPULATION OF DISMISSAL

Pursuant to Federal Rule of Civil Procedure 41(a)(1)(A)(ii), counsel for Plaintiff, the United States of America, and Defendant, Peter Egner, file this Stipulation of Dismissal based upon the death of Defendant, Peter Egner. Mr. Egner's death certificate is attached hereto.

Based upon this Stipulation of Dismissal and Mr. Egner's death, undersigned counsel also request the Court to lift the Stipulated Protective Order entered by the Court in this case on August 8, 2010.

Defendant is not entitled to, and will not be requesting, attorneys' fees and costs.

1 Dated: February 2, 2011

2 

3 ROBERT GIBBS, WSBA No. 5932  
4 DEVIN T. THERIOT-ORR, WSBA  
5 No. 33995

6 RALPH HUA, WSBA No. 42189


7 Gibbs Houston Pauw  
8 1000 Second Avenue, Suite 1600  
9 Seattle, WA 98104  
10 (202)616-2492

11 Counsel for Defendant

LANNY A. BREUER  
Assistant Attorney General

JENNY A. DURKAN  
United States Attorney for the  
Western District of Washington

BRIAN C. KIPNIS  
Chief, Civil Division  
700 Stewart St., Suite 5220  
Seattle, Washington 98101  
(206) 553-7970

11   
SUSAN L. SIEGAL  
Senior Litigation Counsel

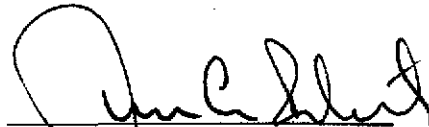
HILLARY A. DAVIDSON  
SUSAN MASLING  
Senior Trial Attorneys

Human Rights and Special Prosecutions  
Criminal Division  
U.S. Department of Justice  
950 Pennsylvania Ave., N.W.  
John C. Keeney Bldg., Suite 200  
Washington, D.C. 20530  
(202) 616-2492  
(fax) ((202) 616-2491  
[Hillary.Davidson@usdoj.gov](mailto:Hillary.Davidson@usdoj.gov)  
[Susan.Masling@usdoj.gov](mailto:Susan.Masling@usdoj.gov)  
[Susan.Siegal@usdoj.gov](mailto:Susan.Siegal@usdoj.gov)

Counsel for Plaintiff

24 It is SO ORDERED.

25 Dated this 5<sup>th</sup> day of February, 2011

26 

27 THE HONORABLE JAMES L. ROBART  
28 United States District Court Judge

# STATE OF WASHINGTON DEPARTMENT OF HEALTH CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number <b>856</b>		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's, if any) First Middle LAST Suffix <b>PETER EGNER</b>					2. Death Date <b>Jan. 26, 2011</b>		
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>88</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number <b>6801</b>	6. County of Death <b>King</b>		
7. Birthdate <b>1922</b>	8a. Birthplace (City, Town, or County) <b>Crvenka</b>	8b. (State or Foreign Country) <b>Yugoslavia</b>		9. Decedent's Education <b>8th Grade</b>			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>				11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>1750 152nd Ave NE C210</b>					13b. City or Town <b>Bellevue</b>		
13c. Residence: County <b>King</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98007</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. <b>5 Years &amp; 6 Months</b>		15. Marital Status at Time of Death <b>Widower</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) <b>Food &amp; Beverage Director</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Hotel Industry</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Johann Egner</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Katherine Geise</b>			
21. Informant's Name <b>[Redacted]</b>		22. Relationship to Decedent <b>[Redacted]</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>[Redacted]</b>			
24. Place of Death, if Death Occurred in a Hospital <b>Inpatient</b>				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (if not a facility, give number & street or location) <b>Overlake Hospital</b>				26a. City, Town, or Location of Death <b>Bellevue</b>		26b. State <b>WA</b>	27. Zip Code <b>98004</b>
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Seattle Service Group Crematory</b>		30. Location-City/Town, and State <b>Seattle, WA</b>			
31. Name and Complete Address of Funeral Facility <b>Sunset Hills Funeral Home 1215-145th Place SE Bellevue, WA 98007</b>				32. Date of Disposition <b>January 31, 2011</b>			
33. Funeral Director Signature X <i>Susan Broder</i>							
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Metabolic Acidosis</b>				Interval between Onset & Death <b>24 hours</b>			
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the b. <b>Pancreatitis</b>				Interval between Onset & Death <b>2 days</b>			
UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. <b>[Redacted]</b>				Interval between Onset & Death			
d. <b>[Redacted]</b>				Interval between Onset & Death			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>None</b>				36. Autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
45. Location of Injury: Number & Street: Apt. No. City or Town: Country: State: Zip Code + 4:				46. Describe how injury occurred			
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				48a. Certifying Physician - Is this, to the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated <i>Jack Kuddick MD</i>			
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>11511 10th Ave Bellevue WA 98004</b>			
50. Hour of Death (24hrs) <b>0035</b>				51. Name and Title of Attending Physician if other than Certifier (Type or Print) <b>[Redacted]</b>			
52. Date Signed mm/dd/yyyy <b>1/27/11</b>		53. Title of Certifier <b>MD</b>		54. License Number <b>MD 60091855</b>		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				57. Registrar Signature <i>[Redacted]</i>			
58. Date Received (mm/dd/yyyy) <b>JAN 31 2011</b>				59. Amendments			